mation

LION

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

24. Was disease or Injury In any way related to occupation of deceased? If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of Injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance: Gastroenteritis	1 year
Mag 1,1929	Unstructure 1	1 ge
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Brwarren TT. Her

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULLAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

04498

Village Dr City WIT GROSS AND WITTERS NO. 10. 2. J. Ward Length of residence in city or town where death occurred. (if death occurred in hospital or institution, give sigNAME instead of street and nathben) (a) Residence: No. 10. 20. 7. 05. 20. 4. 2. FULL NAME (a) Residence: No. 10. 20. 7. 05. 20. 4. (b) March (c) Residence: No. 10. 20. 7. 05. 20. 4. (a) Residence: No. 10. 20. 7. 05. 20. 4. (b) March (c) March (c) March (d) March (e) March (e) March (in ordering hirth). (in ordering hir	1. PLACE OF DEATH	145 0
Length of residence in city or fown where death occurred. 2. FULL NAME (a) Residence: No. O 3 So. Y 0 Sect St. Ward. If nonneident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINCLE MARRED, WIDOWED OCCUPANTION OF REAL OF STATISTICAL PARTICULARS St. Ward. If nonneident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINCLE MARRED, WIDOWED OCCUPANTION OF REAL OF STATISTICAL PARTICULARS TO STORE WORLD OCCUPANTION OF REAL OF STATISTICAL PARTICULARS TO STORE WORLD OCCUPANTION OF STATISTICAL PARTICULARS OCC	county Washington	Registration Dist. No. 362
Length of residence in city or lown where death occurred. 2. FULL NAME (a) Residence: No. 90 So. 1705 Pec St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHALE MARKED, MIDOWED, OR DIVORCED (wing the word) 54. Il murried, widowed, or divorced with the word) 55. Il murried, widowed, or divorced with the word of the word	Village or City YOU GOS XOU WITTE	No. 163. S. Trospect st, 2 Ward
2. FULL NAME. (a) Residence: No. (b) So. (c) Usual place of bloods PERSONAL AND STATISTICAL PARTICULARS 3. SEX (c) COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCES (cerrigh be virid) 1. MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. SEX (c) COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCES (cerrigh be virid) 6. DATE OF DEATH 4. OLOR OR RACE 7. ACE 8. Trade, profession, or particular 9. SAW MILL, BANK, stc. 10. Date deceased last worked at 11. Total time (years) 12. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT. 18. BURIAL, CREMATION, OR REQUAL Place 19. DATE OF DEATH 19. 3 2. death is said 10. Date deceased last worked at 11. Total time (years) 11. Sold and or country) 11. INFORMANT. 12. BURIAL, CREMATION, OR REQUAL Place 13. BURIAL, CREMATION, OR REQUAL Place 14. Was disasse ar injury in any way ralated to occupation at decased? 11. Sold and occupation and stated and occupation at decased? 11. Sold and occupation and stated and s		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVORCED ("origi khe word) Farmaried, widowed, or divorced HUSAND of (OT) WIFE of Y. Jack Part 1932 6. DATE OF DEATH 7. AGR Years Months. Bys IT LESS than 1 day. hrs. Bys IT LESS than 1 day. Bys IT L	2 FILL MANE Moloso ITT. Bons	hlou
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVORCED ("origi khe word) Farmaried, widowed, or divorced HUSAND of (OT) WIFE of Y. Jack Part 1932 6. DATE OF DEATH 7. AGR Years Months. Bys IT LESS than 1 day. hrs. Bys IT LESS than 1 day. Bys IT L	2. FULL NAME (1010)	ct Ward
3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DIVOKCD ("mir he word) 5. If married, widowed, or divored HUSAND of (or) WIFE of Y. Dack tenson Leacher (Frey Month) 5. If HER EBY CERT IFY. That I attended decased from (ro) WIFE of Y. Dack tenson Leacher (Nonth) 5. If HER EBY CERT IFY. That I attended decased from (Nonth) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SILK MILL 8. Trade, profession, or particular kind of work done, as SILK MILL 8. Industry a begines in which S. MILL BANK, etc. 9. Industry a begines in which S. MILL BANK, etc. 10. Date decessed last worked at this ecception (month) and S. SILK MILL 8. SILK MILL 8. BRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURLAL (EREPATION, OR RENGVAL Place 19. UNDERTAKER 19. AGA 19. 32 10. Date decased 11. Total time (years) spant in table S. Socious or country) 17. INFORMANT 18. BURLAL (EREPATION, OR RENGVAL Place 19. UNDERTAKER 19. UNDERTAKE	(a) Residence: No. 100 So. 1 Usual place of abode)	
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55. If married, widowed, or divorced Ullishor Pack Non Pack 1902 6. DATE OF BIRTH (month, day, and year) Duly 4 1902 7. AGE Years Months Days If LESS than I day, hrs., hrs.		
(cr) WIFE of Y Lack Kenson Deather 5. DATE OF BIRTH (month, day, and year) 2 wiff 1907 7. AGE Years Months Bys If LESS than I day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. However, which of work done, as SPINNER. However, which of work was done, as SILK MILL. SAW MILL, BARK, etc. 10. Dub deceased last worked at this occupation month and a 32 was spont in this 3 was made to external causes of importance: 12. BIRTHPLACE (city or town). A Property of the spont		(Month) (Day) (Year)
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8. Trade, profession, or particular. 8. Trade, profession, or particular. 8. Trade, profession, or particular. 9. Industry or business in which stands and profession with standard profession. See SPINNER. SAWYER, BOOKKEPER, enc. 9. Industry or business in which stands and seed of this occupation (month and see supporting flower). 10. Date deceased last worked at this occupation (month and see supporting flower). 11. BIRTHPLACE (city or town). (Stata or country) 12. BIRTHPLACE (city or town). (Stata or country) 13. NAME 14. BIRTHPLACE (city or town). (Stata or country) 15. BIRTHPLACE (city or town). (Stata or country) 16. BIRTHPLACE (city or town). (Stata or country) 17. INFORMANT. 18. BURIAL, GREMATION, OR RENOVAL Place. (Address) 18. BURIAL, GREMATION, OR RENOVAL Place. (Address) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. OR STANDARD AND AND AND AND AND AND AND AND AND AN	6. DATE OF BIRTH (month, day, and year) 2 wely 4 1902	
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWILL SAWTER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAM MILL, BRIK, etc. 10. Date deceased last worked at this occupation month and Q 3 2	1111111	
Kind of work done, as SPINNER. Duscas Seaver Bobotkeeper etc. Duscas Seaver Etc. Etc. Duscas Seaver Etc.	J. J. ormin.	were as follows:
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, GREMATIDN, OR RENGVAL Place 19. UNDERTAKER H. L. C. C. Y. W. Q. Y. L. C. C. G. C.	12. BIRTHPLACE (City of town)	Julinonary infarction upor L
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18. BURIAL, CREMATION, OR RENOVAL Place 1 QQY Stown Manuer of Injury Nature of Injury 19. UNDERTAKER H. L. COXX way, May and Manuer of Injury In any way related to occupation of decaased? (Address) Aqqx Stown, May and Manuer of Injury In any way related to occupation of decaased? If so, specify (Signed) Manuer of Injury Nature	(Stata or country)	(Specify city or town, county and State)
Place 1 QQ Y S10 WY ITA Date 1 DY 1	(Address) Hagerstown md 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER H. L. COXY May,		
(Address) Yayan, Maryland. If so, specify (Signed) M. D.	Liaca 11 2 ACT TA TA TA TATA TATA TATA TATA TATA	
16-8-32 Chas HBacolog (Signed) of S. Stausfer M.D.	13. ONDERTAREN LA TENER	
	16-8- 2) Phan HB	A STander
Registrar. (Address)	20, FILED 20, 192 Charles Registrar.	all ago toolk.

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Dr. Ralph Stoupper.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLAUTA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example I	i napaga	Example II	
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Arteriosclerosis	14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	rilis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	8/6Y 29 10/19	July 5, 1927	Peritonitis .	3 days ago
		ė		
	L BUILDING TO			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis 2	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH (4500)
1. PLACE OF DEATH County Coshuegiou	Registration Dist. No. 302/
Village or City Hade DCC	No.
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in the or to whether death occurredyrsmos	How long in U. S. if of foreign birth?
2. FULL NAME ONE A DUCISE	Cincin acco
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. II married, widowed or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of CLOSES J. Drumbacs	Sept 5 TBY CERTIFY. That I attended deceased Irom
6. DATE OF BIRTH (month, day, and year) 58 20 1863	I last saw h alive on 4 / 11 / 5 2 19 ; death is said
7. AGE Years Months Oays II LESS than I day,hrs.	to have occurred on the date stated above, \$2.2.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: Date of onset
Rind of work done, as SPINNER SAWYER, BOOKKEEPER, ste 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and the company in this property in this company in the company in the company in the company in this company in the company in	Oring seat: net known. Pignous
shall the this -	not verified by Laborating examination
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME / Classe) mills 14. BIRTHPLACE (city or town) / Mallo Doya	
II. BIRTHPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsylv 18
15. MAIDEN NAME JASTIEL JUSCOLOR	What test confirmed diagnosis? Was there an autopsy . J.Q Was there are autopsy . J.Q Was the following :
15. MAIOEN NAME (State or Lown) Secret Control The State or Lown) Secret Control The State or Lown Secret Control The Secret Con	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN WISH OF DEMENSION OF THE STATE	Specily whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tarrico Gran, Date 7 , 19	Nature of injury
19. UNDERTAKER AND ARCHITECTURE (Address) And Control (and Control (an	24. Was disease or injury in any way related to occupation of deceased? VID
20. FILED 4/12 , 1032 IP Leur Cur. Registrat.	(Signed) JA. Johnan M. A. (Address) JA aucoch M. A.
4/	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

	Registration	Dist. No.	302
No. U. As death occurred in a hospital or instit		1E Instead of stree	
on		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
St., 7 Ward.	If noneciden	at give city or tow	1 C
MEDICAL C	CERTIFICAT		
21. DATE OF DEATH			
W	(Month)	(Oay)	193 Z (Year)
I last saw h	ted above, at	9, 19 38 P. m.	52; death is said
The PRINCIPAL CAUSE OF DEA	TH and related cau	ises of importance	Oate of onset
Premate	m/7	ma.)	
Other Contributory Causes of im	portance:		
Neme of operation			
What test confirmed diagnosis?			re an autopsy?
23. If death was due to external c			
Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred	(Specify city	or town, county as	nd State)
Menner of Injury			*************
Nature of Injury			
24. Was disease or Injury In any	way related to occu	pation of decease	d?
(Signed) (Address) 13.2	7'(7	look	м. D.
			A TOO

19. UNOERTAKER (Address)

Registrar.

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L BULKAU V.S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLAINLY.

V. S. No. 1

Langth of rasidanca In city or town whera death occurred	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME James K. Cald	
(a) Residence: No.	d St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISMCAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH A
Male White Single	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	(bay) (fadi)
(or) WIFE of	March 26 1932 to January 8 1932
	1 2 32
6. DATE OF BIRTH (month, day, and year) Quegue 28-1853	I last saw h alive on figure 193 ; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date state above, alm.
/8 / / Q qrmin.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, atc	Chronic Myseardilis. 1922
work was done, as SILK MILL and with a R. R. R.	Emonie Mystardius. 1971
10. Date dacaased last worked at 11. Total time (years)	
this occupation (month and 1924 spant in this occupation 840	
12. BIRTHPLACE (city or town) House Kone - Cline	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Notes (Stata or country)	
II 13. NAME ROLL 100010 Colde	
13. NAME Kev. James Calder 14. BIRTHPLACE (city or town) Harrisburg	Manual
4. BIRTHPLACE (city or town) 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Name of operation Date of
15. MAIDEN NAME & OV.	What tast confirmed diagnosis? Was there an autopsy?
	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Thanks (State or country)	Accidant, suicide, or homicide?
2 / 2	Whare did Injury occur?(Specify city or town, county and State)
17. INFORMANT Trank R. Calder	Spacity whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 17 Seuton Place 4.70 - Wash DS- 18. BURIAL, CREMATION, OR REMOVAL	
Place Harrishung Pa. Date april 11, 1932	Mannar of injury
10m & B. 4 40	wature of injury
19. UNDERTAKER () - () Jack Fary (Address)	24. Was diseasa or injury in any way related to occupation of dacaasad?
(Address) Soousins mdi	If so, spacify well and
20. FILED 1/201 - 8 - 1932 William J. Dass	(Signad) M. D.
Registrar.	(Address) Somotors, Ma.
if more viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MAY 6 1934			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19. UNOERTAKER (Address)

(Address)

OCCUPA



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?__

(Address)

Menner of Injury

Neture of Injury.

If so, specify

(Specify city or town, county and State)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes disease or injury in any way related to occupation of deceased?

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Example 11	
use of death and related causes re as follows:	Date of onset 1 week ago
ar	1 week ago
	3 days ago
y causes of importance:	1 year

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B. () 3.00 () 1.00			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUPPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocntcritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

:	1. PLACE OF DEATH	- Anorno Albri	TB-LIMITO-OF	CERTIFICATE OF DEATH Registration Dist. No.	
			(If	No. County Hone death occurred in a hospital or institution, give its NAME instead of str	St., Ward
				ds. How long in U.S. If of foreign birth?yrs	mos ds.
	2. FULL NAME Flore (a) Residence: No. Count			St. 5 Ward.	
pillares		(Usual place of		If nonresident give city or to	
	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEA	ATH
]	Female 4. COLOR OR RACE White	5. SINGLE, MARRII OR DIVORCED (Widow	write the word)	21. DATE OF DEATH April 26, (Month) (Day)	, 193 2 • (Year)
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of John	Floyd		22. HEREBY CERTIFY. That I a	attended deceased from
6.	DATE OF BIRTH (month, day, and year)	ar. 21, 1	861	Hast saw h. un alive on about 25	
-	AGE Years Months 71 1.	Days 5	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at 2:00Pm. The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	
OCCUPATION	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Home Wor	e (yaars) n this	Other Contributory Causes of importance:	Date of onset
12	Shi (Stata or country)	ngton Cou	nty		
HER	13. NAME Peter Young				
FATHER	14. BIRTHPLACE (city or town)Unk.	nown		Nama of operation D What test confirmed diagnosis? Was ti	
MOTHER	15. MAIDEN NAME Dorothy 16. BIRTHPLACE (city or town)	known		23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of Injury Where did injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	following:
	(Addrass) Harerstown B. BURIAL, CREMATION, OR REMOVAL				
10	Place Greencastle.	Pa Date Apr.	28, 1932	Manner of injury	
_	O. UNDERTAKER Fred W. Kra (Address) Hagenstown O. FILED 4724 19324	hostis	Registrar.	24. Was disease or injury in any way related to occupation of decears of specify. (Signed). F. W.	esad?M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUBLAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. 9 .	STATE OF MARYLAND—	CERTIFICATE OF DEATH (14509)
JAN.	of infor-	1. PLACE OF DEATH	92-0
The same		County Washington	Registration Dist. No. 302
	should of OCC	Village or City Takestown	No. 407 Wantieton St. 2 Ward
	ite sl of	li c (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS ent	Length of residence in city or town where death occurred 7.7 yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
	Even	2. FULL NAME Charles I I mem	ion si,
	ND. Every YSICIANS statement	(a) Residence: No. 407 W Autoter	St., Ward. If nonresident give city or town and State
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	h., ".	OR DIVORCED (ravise the word)	afril 8 193 2
5	NENT CTLN iffed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	A C assifi	HUSBAND OF Hory & Fareman	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN	RM X X	1013-1457	, 19, to, 19, 19
BI		6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on Abstract March, 1932; death is said to have occurred on the date stated above, at 2.40 Qm.
民	A ted	0 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR	IS A PE stated E properly certificate	7 7 1 2 1 ormin.	were as follows:
A	HIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER Watchman SAWYER, BOOKKEEPER, etc.	Valvular heart disease: Reveral years,
RESERVED	TH Id	9 Industry or business in which	Curr
K.	Should it may n back	work was done, as SILK MILL, OV, YM, 194	
SSI			
RI	NFADING E. plied. AGE erms, so that instructions o	year) 7.15, 7.5 occupation occupation	Other Contributory Causes of importance;
Z	DIN Se icti	12. BfRTHPLACE (city or town) (State or country)	
EGI	FA lied.		(arterio achrosis.
MARGIN	F E W	I	
Z	F -= 10	14. BIRTHPLACE (city or town) Andrew	Name of operation
-	x, WITH carefully sully in plain ortant. See		What test confirmed diegnosis?
			Accident, suicide, or homicide? Date of Injury
		16. BIRTHPLACE (city or town) State or country)	Where did Injury occur?
		In Warm Zareman	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	E PLA should OF D	(Address) Lagerstonn MS	
0	E PL shoul 3 OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Place Mayeralama Ma Date Uful 10, 1932	Nature of Injury
	-WRITH mation s CAUSE TION is	19, UNDERTAKER Scott 7 Minnich	24. Was diseaso or Injury In any way releted to occupation of deceased?
S. No.	S. E.O.E.	(Address) Nogerthy ma	If so, specify
Ø	= 3	20. FILED 4-9-, 1932 Chasff Bowers	(Signed) Mary A. Langher M. D.
>	4	Registrar.	(Address) 250 Ce. Asstutan & Laguston
		If more blanks are needed, address State Registrar,	241.1 N. Charley Sweet, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAN 7 1932	July 5,1927	Peritonitis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
		The Case Street	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
be was ailing for several months, but did not Think
himself ill enough to see a physician. Alul 8, about 2,30 AM. his
daughter helped him out of head, and it was noticed that he
was very ill. She thought, he was being paralyzed, the sent
La mel at once, but he was dead when I arrivall, I communicated
with the offices, but as there was my suspicion of amade a muder,
They said a should free our the alerk confide, Many of Low

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MAY 7 1932 145			
Other contributory causes of importance:		Other contributory causes of importance:	
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If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RECORD. Every

PERMANENT

BINDIN

FOR

MARGIN RESERVED

WRIT

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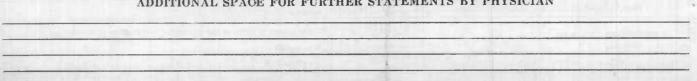
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WA 7 BUS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 04512
1. PLACE OF DEATH	93-c)
County Washington	Registration Dist. No. 302
Village or City Fulkatown	NoSt., Ward
Langth of residence In city or town whare death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Martha H Mars	non
(a) Residence: No. 7 unhatum	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR BLYORCED (write the word) Herbert	21. DATE OF DEATH (Month) (Day) (Year)
Sc. If married, widowed, or divorcad HUSBAND of	22. HEREBY CERTIFY. That Attended deceased from
(or) WIFE of George W Walman	alle 192) to march 90, 1932
6. DATE OF BIRTH (mionih, day, and year) Hanch 7-1850	I last saw held alive on March 90, 1982; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 2,30 F.m.
/ / / ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	MININGODOLA 12 Blilde 1920
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and specific property).	110000000000000000000000000000000000000
work was done, as SILK MILL, SAW MILL, BANK, etc	and a clar od 142
O 10. Date deceased last worked at this occupation (month and year) year)	
B Carelo	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
14. BIRTHPLACE (city or town) Janklin 4.	Name af operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary ann Sustis	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary arm Susta's 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Harman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Hagastown Md	
Place Laguatour Mapate 7/19 1938	Manner of Injury
1 H y Minimil	24. Wes disease or injury In any way related to occupation of deceased?
19. UNDERTAKER Was Address) Washington Md	If so, specify AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
00 54-18- 32 6 Kasto 3 mbs 201)	(Signed) / Will all Solo LOV / M. I
20. FILED 7 Registrar.	(Address) f. 64 f. f. f. f. f. f. f. f. d. f. l.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
MA /	WIATHY IA.

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MAY 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
46			

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(4513
County Washington	Registration Dist. No. (3 0 3
Village or City Blg Spring	ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign hirth?
Length of residence In city or town where deeth occurred 70 yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Levih T. Hart	
(a) Residence: No. Big Spring	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Nale 4. COLOR OR RACE Nale S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH April 8, (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of amanda Hart.	22. HEREBY CERTIFY, That I atlended deceesed from, 19, to
6. DATE OF BIRTH (month, day, and year) September 1, 1861	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. 7 7 7 7 7 7 7 7 7	the follows:
J 8 Trade profession or particular	Matural Death Date of onset
Moustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cause - Unknown.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O Date deceased last worked et this occupation (month and yeer) yeer) 11. Total lime (years) spent in this occupation	arterio selerosis CivoR.
12. BIRTHPLACE (city or town) Washington County (State or country) Md.	Other Contributory Causes of importance:
当 13. NAME Zacariah Hart	
13. NAME Zacariah Hart 14. BIRTHPLACE (city or town) Washington County (State or county) Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Davis	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Davis 16. BIRTHPLACE (city or town) Washington County (Stete or country) Md.	Accident, suicide, or homicide?
17.INFORMANT Mrs. Charles Moser, (Address) Big Spring, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Paul Cemetery Apr. 11,1932	- Nature of injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.	24. Was disease or injury in eny way related to occupation of deceesed? If so, specify
20. FILED Offul N, 1932 W. Municay Registrar,	(Signed) Chas T. Treig to Justice of the Years M. D. (Address) Clean S. pruly My.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	P		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (145.14
	1. PLACE OF DEATH	
W 3 .	County VV a S Dang A PINGTO	Registration Dist. No. 3
item of should of OCC	Village or City X Co gers Nown.	No. 10 65. To Yomac, St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 4	Length of residence in city or town where death occurredyrs,l:mos	
CORD. Every PHYSICIANS act statement	2. FULL NAME Enmonul V. Harx	(le
	(a) Residence: No. 806. So. Poromec.	St., 3 Ward.
part .	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E H	Thate VV R. Ye 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (193 (Year)
IDING MANENT A C T L N assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda,	22. HEREBY CERTIFY, That I attended deceased from
RVED FOR BIN THIS IS A PER! and be stated EX nay be properly cl	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1 of 2 of 1 of 1 of 1 of 1 of 1 of 1 of	I last saw h and aliva on 1937; death is said to have occurred on the date stated above, at 12 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Character C. Lado Cardi fire Date of onset
N OIN Section	12. BIRTHPLACE (city or town) TTT Y Etna (State or country)	Other Contributory Causes of Importanca:
MARGI UNFAI supplied. n terms, ee instru	13. NAME (Set rg @ Harrie 14. BIRTHPLACE (city or town) Lei Yers burg	
7 0 7 4	14. BIRTHPLACE (city or town) Lei Vers burg	Name of operation
M TTH ully su plain t. See	(Stata of Country)	What test confirmed diagnosis? Was there an autopsy?
INLY, Wide be careful beath in y important	15. MAIOEN NAME TO YOUR AT THE ISS NEV 16. BIRTHPLACE (city or town) 5 m: this bung (Stata or country) 17. INFORMANT TYS Leng Delos? ev (Address) Hogers town, Md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E SI	18. BURIAL, CREMATION, OR REMOVAL Place Searcy Creek Data Hpg 1 16, 1932	Manner of injury
S. No. 1 B.—WRITH mation s CAUSE TION is	19. UNDERTAKER H. Coffman (Address) Hayers Youn, Ma	24. Was disaasa or Injury In any way related to occupation of deceased? If so, specify (Signed) M. D.
N Z	20. FILEO 7. 19 Registrar. If more blanks are needed, address State Registrar,	(Address) Hage Stown M. D. (Address) Hage Stown M. D. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be snould be carefully supplied. AGE should be

mation -WRIT

V. S. No. 1 ä STATE OF MARYLAND-CERTIFICATE OF DEATH

TIME OF MARTERIES	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City Hoalfstray	No. Z St., War lf death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Jarah & Ha	Muan
(a) Residence: No. A T / Weeauls Mr. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / bul 101
Sa. II morried, widowed, or diversed	Month) (Day) (Year)
HUSEAND of Source Warter	22. CHEREBY CERTIFY, That attended deceased fr
6. DATE OF BIRTH (month, day, and year) 7. 15. 7"/844	i last sayin a alive on apul 1932 death is s
7. AGE Years Months Days if LESS than	to hav occurred on the date state Vabove, at _ 5 + Br. m.
88 2 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one
SAWYER, BOOKKEEPER, etc	Coronas - O neumana 9/31,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necuration (month and	
10. Date deceased last worked at this occupation (month and year)	
p 1+	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Elias Hovet	
13. NAME Clear House 14. BIRTHPLACE (city or town) Lesterely	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Tachel Henry	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 53 5 10 11 11 11 11 11 11	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place La Caro to topen Date 1903	Nature of injury
19. UNDERTAKER BUSINERY KLOUX	24. Was disease or Injury In any way related to occupation of deceased? 16.
· (Address) Hag son town und!	If so, specify
20 FILED 4-13- 1932 6 Karth Bower	(Signed) M
Registrar.	(Address) - Flegges Tolky (Light)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAY 7 43 1915			
		1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

Village on ell	shington Willian ence in city or town where	death occurred .]	5yrsmos	No. STILLS death occurred in a hospital or institution, ds. How long In U.S. N of fore	give its NAME instead of street an	
2. FULL NAN	ME Charlot	te Eliz	beth Ha	igh		
(a) Residenc	e: No. Same	(Usual place of	abode)	St., Ward.	If nonresident give city or town a	and State
PERSON	AL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERT	TIFICATE OF DEATH	
s. sex female	4. COLOR OR RACE white	s. SINGLE, MARI	(write the word)	21. DATE OF DEATH	April 1st.193	2 , 193 (Year)
5a. If married, widowe HUSBAND of (or) WIFE of 6. DATE OF BIRTH (r. 7. AGE Year.	nonih, day, end year)	n.4th.	1862		ERTIFY, That I attended 32. to April, 18 ch 31	ed deceased from
70	2	28	1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH an were as follows:		Date of onse
9. Industry or b work was SAW MILL	done, as SILK MILL, ., BANK, etc	t home		Lobar pneumoni	£	3/27/
(State or count	or town) Boonest	oro Mo		Other Contributory Causes of important	18;	•
13. NAME	Wesley P. H	eugh		• • • • • • • • • • • • • • • • • • • •		
14. BIRTHPLACE (State or o	(city or town) MP XY country)	land		Name of operation		
15. MAIDEN NAM	(city er town) Maryl	Schiffin and	ns	23. If death was due to external causes (Accident, sulcide, or homicide? Where did Injury occur?	Date of injury	, 19
17 INFORMANT	Mrs Charles Williamspor		· · · · · · · · · · · · · · · · · · ·	Specify whether injury occurred in INE	Specify city or town, county and S DUSTRY, in DOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATE	liamsport M	d_Dale_Apr	1131932.	Manner of injury		1
19. UNDERTAKER		af rt 1	id,	24. Was disease or injury in ony way re	lated to occupation of deceased?_	-No
20. FILE A. FIVE	2,1932 6	6. Die	Kard	(Signed) Theo,	Joose, Ma	

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPEAU W	ν,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH (4517)
of infor-	1. PLACE OF DEATH	
of CC	county Washingrom	Registration Dist. No. 302
item shou of 0	Village or City Magey Stown	No.25W. Bethel St., 5 Ward
0	1 1 2 2	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
Every CIANS tement	2. FULL NAME (9) ? Ver 13. Hicks	
RD. Every YSICIANS	(a) Residence: No. 25 XX st De the	St., S Ward.
	(Usual place of abode)	If nonresident give city or town and State
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH PYIL 20
DING ANENT A C T L ssifted.	Colored - I total - I	(Month) (Dey) (Year)
BINDING PERMANEN E X A C T J	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY That I attended decessed from
	1 10100	1 last shw h
PH P	7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, et. 205 m.
FOR B IS A PH stated H properly	6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS then 1 dey,hrs. or,min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
P.A	8. Trade, profession, or particular kind of work done, as SPINNER,	
VED THIS	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	mune from 1901
ERV]	work wes done, as SILK MILL, SAW MILL, BANK, etc	man styles works
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Spent in this 2 Million	
	year)	Other Contributory Causes of Importence
Z 5 %	12. BIRTHPLACE (city or town) (Stets or country) 13. NAME 13. NAME 14. South Cayoling 15. South Cayoling	Clared Astru 1 Clares 7
MARGI UNFAI supplied.	E I 13. NAME (O) (Say Hido,	U O I O O I I O O O O O O O O O O O O O
2 5 2 3	13. NAME () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of operation.
TH II	(Stele of country)	Whet test confirmed diagnosis?
Y, WITH carefully TH in pla	15. MAIOEN NAME Lizabeth Hicks 16. BIRTHPLACE (city or town) Ono Record (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
	15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (Stete or country) TTTY'S Basis Halls	Accident, suicide, or homlolde?
PELAINLY, should be can OF DEATH	I TTVS Boni. Halles	Where did injury occur?
PLA ould F DI	17. INFORMANT 11143 130 N 1. 11011112 (Address) NO QQ Y 6 Y 0 W 2. 117	Specify mistric injury occurred in his out it, in nome, or in robette reace.
0 12	on the boundary of the mother	Manner of Injury
1-WED mation CAUSI	Place Markway III a Dete H p122 1932	Nature of injury
-wr mation CAUS	19. UNDERTAKER HILL COLUMN ON	24. Wes disease or injury in any wey releted to occupation of deceased?
S. No.	(Address) Haleystown, ITU	If so, specify (Signed) M. D.
× 2	20. FILEO T., 190 Registrar.	((Addises) / Lagur & Am / Mu
Dr Jade 13e	achley, If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

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S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory canses of importance:

PHYSICIANS should state Exact statement of OCCUPA-INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRI

V. S. No. 1

5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH
County Weslington	5 H-
	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Les Bruce Aprewel	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 9 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ruth Johnston	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 14 19 0 6	Wast saw hum alive on Amil 12 1932; death is said
6. DATE OF BIRTH (month, day, and year) 10 10 0 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
25 d 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, Wayler SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Cullman SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this compation).	401 611
9. Industry or business in which work was done, as SILK MILL, Pullman SAW MILL, BANK, etc.	Leute Mileary Tuberculosis 08193
SAW MILL, BANK, etc.	
This occupation (months and 2) and 2) and Spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Euleles Mary	
(State or country)	
H 13. NAME Seo. D. Hopewell	<u> </u>
14. BIRTHPLACE (city or town) - Maryland	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leure /belran	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Colarille Ind.	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Viola Horquell	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18: BURIAL, CREMATION, OR REMOVAL	
Place Med Gill Date Arel 6 1922	Manner of Injury
7-0	Nature of injury.
19. UNDERTAKER GO Stimber	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Keedys will find.	If so, specify
20. FILED Pr. 13, 1997 10 It Techer.	(Signed) M. D. (Address) Boonstoo, Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

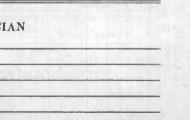
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Example I	d days	Example II	- 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(at 4 4.3.)			
Other contributory causes of importance		Other contributory causes of importance:	FOUR!
Gallstones	May 1,1923	Gastroenteritis	1 year
- 3			



V. S. No. 1

1. PLACE OF DEATH

STATE OF MARYLAND-CER	TIFICATE OF DEATH
-----------------------	-------------------

(1	4	5	1	9	
3	0	5	2		

County	Washington	Ope	Registration Dist. No. 302
Village or City W. Hog			No. 8 RCESSNET AVE. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME No			
(a) Residence: No8_	Roessner Av (Usualplace	e a f abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STA	TISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RA		(write the word)	21. DATE OF DEATH April 15 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of Oor Jose	ph W. Hoove	r	22) I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yea	, Aug. 21,	1867	Mast saw h alive on after 1, 1, 132; death is sai
	nths Deys 25	If LESS than 1 day, hrs. or	to have occurred on the date stated grove, at 7 2 0 0 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Chewsville, (Stata or country)			Diabola meelitus Chrane Intro Fix in hophits with the protection Other Contributory Causes of Importance:
13. NAME Henry S. 14. BIRTHPLACE (city or town)			Nama af operation
(State or country)	Md.		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 12 TV 16. BIRTHPLACE (city or town) IV (State or country)	E. Winders unkstown, Md.	,	23. If death was dua to extarnal causes (VIOLENCE) fill In elso tha following: Accident, sulcide, or homicide? Where did injury occur?
17. INFORMANT Joseph (Addrass) Hegerst 18. BURIAL, CREMATION, OR REMOVAL Place. Garactown,		18,19.32	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Natura of injury
19. UNDERTAKER Fred W. (Address) Hagerst	Kraiss,		24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 44 - 18- 19-32	Chelft 30	Registrar.	(Signed) M. (Address) frequency M. M. (Address) Acquiring U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 7 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUDEAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 44000	
Unitediated	May 1,1929	and the metals	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	ELLIST ST.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Year)

Oate of enset

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County (Dashington Registration Dist. No. 1305 (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where deeth occurred__ How long in U. 9, if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 5e. If married, widowed, or divorced FOR BINDIN HUSBANO of 22. CERTIFY/ They attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Oays If LESS then 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or perticular OCCUPATION RESERVED kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. back ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may 10. Date deceased last worked et 11. Total time (yeers) this occupation (month end that spant In this instructions occupetion __ MARGIN 12. BIRTHPLACE (city or town (State or country) terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation... plain efully (State or country) What test confirmed diagnosis? ----- Was there an autopsy?__ MOTHER 15. MAIOEN NAME in 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: TH 16. BIRTHPLACE (city or town) mpor (State or country) Where did injury occur?__ (Specify city or town, county and State) 17. INFORMANT Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury mation TION Neture of Injury 19. UNDERTAKER 24. Was diseese or Injury (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

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Example I			Example II		
The principal cause of death a of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAX Beams	1921	Run over by street car	A week ago	
Cerebral hemorrhage	ATTERATE T	July 5, 1927	Peritonitis	3 days ago	
	6 2		^		
Other contributory causes of i	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1_year	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	22
item of should of OCC		No. Believe St., 5 death occurred in a hospital or institution, give its NAME instead of street and number, ds. How long in U.S. If of foreign birth? yrs. moa.	_Ward
RECORD. Every PHYSICIANS Exact_statement	Length of residence in city or town where death occurred the surface mode. 2. FULL NAME Sasah E. C. Jenkin (a) Residence: No. Belief Stowe (Usual place of abode)	St, S Ward. If nonresident give city or town and Siste	950
C H to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EZ /	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Gwrite the word)	21. DATE OF DEATH 3 , 193 (Youth) (Oay) (You	2
AN	If married, widowed, or divorced HUSBAND of (or) WIFE of When the second secon	1 HEREBY CERTIFY. That I attended decease 15, 132, to April 3, 15	ed from
and present a common of the co	DATE OF BIRTH (month, day, and year)		h is said
	AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 1.9.5 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
Stated proper proper certification	faut 4 - or min.	was as fallows	ofenset
be pe of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	Serility	
it may n back ccupat	work was done, as SILK MILL, SAW MILL, BANK, etc.	Probably arteriosclerosis, cwan.	
- 1	10. Date deceased last worked et this occupation (month end year)	Duration : rundrown.	
instructions	BIRTHPLACE (city or town) Lukenown	Dther Contributory Causes of importance:	
ruc	(State or country)		
HER	13. NAME		
	14. BIRTHPLACE (city or town)	Name of operation Dete of	
	(State or country)	What test confirmed diagnosis? Was there an autopsy	?
HER	15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
MOTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 1	9
	(State or country) INFORMANT Walter C. Wall	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17.	(Address) Lagustowh Mil		
18,	BURIAL, CREMATION, DR REMOVAL MADATE affis 4, 1932	Manner of Injury	
19.	UNDERTAKER Scott 7 Minnist	24. Was disease or injury in eny way related to occupation of deceased?	

V. S. No. 1 (Address) 20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PRIZZAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

19. UNDERTAKER (Address)

20. FILED T.

BINDIN

FOR

MARGIN RESERVED

Place Hagerstown DateApr. 12. 1932

rerstown

(Yoar)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Natura of injury ...

If so, specify (Signed)

(Address)

24. Was diseasa or injury in any way related to occupation of deceased?___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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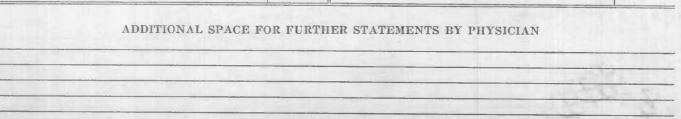
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	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1932	July 5, 1927	Peritonitis	3 days ago
	BURTAUVS			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



V. S. No. 1

114524

1	. PLACE OF DEATH			(A)
	County Washington	10100 m		Registration Dist. No.
	Village or City Hagerstown	MITS OF		No.112 Blooms Alley St. 5 Ward
		5		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where daath	occurrad	yrs,mos	ds. How long in U. S. if of foreign birth?mosds.
2	. FULL NAME Evaline	I. Jor	dan	
	(a) Residence: Np. 112 Bloom	s Alle	У	_St., 5 Ward.
Security Sec		(Usual place		If nonresident give city or town and State
	PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH
3. 3			RIED, WIDOWED, (write the word)	21. DATE OF DEATH April 7, (Month) (Day) (Yaar)
5a.	If married, widowed, or divorced HUSBAND of			1
	(or) WIFE of			22. HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day, and yaar) Lay	22, 1	917	last saw h w alive on M. 3. ,1931; daeth is said
7.	AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, at 2:30 Pm.
	14 10	16	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance wera as follows:
Z	8. Trada, profassion, or particular kind of work done, as SPINNER,	0-17	0431	
TIC	SAWYER, BDDKKEEPER, atc	<u>peneer</u>	Student	ante appendicutes od 31
UPA	9. Industry or business in which work was done, as SILK MILL,			cond appermans ous
OCCUPATION	SAW MILL, BANK, atc	11. Total ti	ma (yaars)	
0	this occupation (month and year)	spen	tin this palion	
				Dthar Contributory Causes of importance:
12.	(State or country) Vira	inia		Serveral Deril Martin, Mov. 2
2	13. NAME George Jordan			1 30000
FATHER	14. BIRTHPLACE (city or town) Unkno	18 27		Neme of operation application Date of 143
FA		rolin	2	What test confirmed diegnosis? Was there an autopsy?
ER		hel		23. If death was due to external causes (VIDLENCE) fill in also the following:
MOTHER	T.E 1	own		Accidant, suicide, or homicide? Date of injury 19
MC	(Stata or country) Virg	*		Where did injury occur?
				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) Hagerstown.	Md.		Specify microst injury occurred in interesting, in monte, or in redelic reace.
18.	BURIAL, CREMATION, OR REMOVAL			Manner of injury
	Place Half Way, Md.	ate Apr.	11 ,102	Nature of injury
	Ened W V	~~		24. Was disease or injury in eny way ralated to occupation of dacaased?
19.	(Address) Hagerstown.		01	If so, specify
	14-11- 3. 44	MAH	53-10	(Signed) M. D.
20.	FILED., 192	THE AM	Registrar.	(Addrass) Hayrytown Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

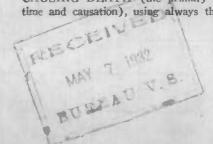
ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN	Y
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A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine, etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchobueumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease ean be ascertained as the eause. Always quality as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or misearriage. State eause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning: Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tentanus) may be stated under the head of "Contributory."



Space for additional information by physician

02

certificate.

See Instructions on back of

1	PLACE OF DEATH	1		
County	Mas hington	2		157
Village o	Many Dig St	Juigh (N	g f	na
	RSONAL AND STATISTICAL	PARTICULA	RS	
SEX Male	All A	INGLE, SARRIED, SIDOWED, RDIVORCED Tite the wor	ingle	16 D
DATE OF	Marsh (Month)	3/ (Day)	, 1932 (Year)	that I
AGE		5 Eds.	If LESS than t day,hrs.	and t
business, or	ession, or			
BIRTHPLA (State or co	Centry) Maryla	nd		Co
11 8183	HPLACE 12	g Dun	dus.	(Signed
(State	EN NAME	ferse	1.	CAU
12 MAIL OF	MOTHER ///	(11) K	ince	18 LE

STATE OF MARYLAND 4506 CERTIFICATE OF DEATH

2	mace Md st; Ward) [it death occurred is a hospital or institution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 4 5 . 19134
	(Month) (Day) (Year)
	that I last saw have alive on and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows: 220 Bill. How Cloning Heart Values
	(Signed) (Signed) (Signed) (Address) Clear Churage (Signed) (Address) Clear Churage (Signed)
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death

(Address) 15 If more blanks are needed, address Star Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

29 ONDER ADDRESS

DATE OF BURIAL

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very Important, so that the relative healthful-(a) Spinner, For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foremau,"

Statement of cause of death—Name. first, the disease causing death—Name first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar merumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) such, if impossible to determine definitely. mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... The contributory (secondary or lutercurrent) Always qualify all diseases resulting from (Recommendatious on statement of "Dropsy," "Exhaustion." (name origin; "Can Never report Examples: d8. ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DU SALITY.		• 112122		
La and and	7.2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WR ma

V. S. No. 1

	AND—CERTIFICATE OF DEATH (452
County Washington Village or City Williamsport Md	Registration Dist. No. 301 No. 29 W. Church st st, War
Length of residence in city or town where death occurred 11 fe	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?mosd
2. FULL NAME Mary Ellen Lake (a) Residence: No. Same (Usual place of abod	St., Ward.
PERSONAL AND STATISTICAL PARTICUL.	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, VOR DIVORCED (MICOW) OR DIVORCED (MICOW)	WIDOWED, 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Loke	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	150 I last saw h. L. alive on 470-1- 193 Z death is sa
7. AGE 81 10 15 15 1 da	If LESS than to have occurred on the date stated above, at 6.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one
SAWYER, BODKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and a spent in the second and a s	ork
10. Data deceased last worked at this occupation (month and r. 32 spent in the occupation)	this a second
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Oawaller west trouble
Anthony Miner	Caroner war rrower
14. BIRTHPLACE (city or town)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie Goodman	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Annie Goodman 16. BIRTHPLACE (city er town) W	Accidant, sulcide, or homicide? Date of Injury, 19
17. INFORMANT George Lake Williams;	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Williamsport Md Date April	4 19 32 Manner of injury Nature of injury
19. UNDERTAKER Albert Leaf (Address) Williamsports & Mdo	24. Was disease or injury in any way related to occupation of deceased? NO
Mangel pai la to This	(Signed) Well rehardoon M.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURA	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L BUSKAULV, Sala			
Mary Mary St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN	D-CERTIFICATE OF DEATH (14529
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 3
Village or City Yaqeystown	No. 321 So. Potomac, St., 2 Ward
Length of residence In city or town where death occurred yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Emma Jane L.	e Ferre.
(a) Residence: No. 321 Su Potoms	St. 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDD OR DIVORCED (write the	
remale While Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) (S- 19/1	last saw h alive on the 1952 death is said
7. AGE Years Months Days If LESS	
20 6 3 1day,	THE RIVER AS CAUSE OF DEATH and related causes of importance
9 Trade profession or portiouler	Date of onset
SAWYER, BOOKKEEPER, etc.	Conglindal Carebral Adef.
P. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	mak de relopment
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this spent in this	Be april huma con whombs Sun 15; Or.
year) occupation	Dither Contributory Canses of importance:
12. BIRTHPLACE (city or town) Tage VSYOUM	Dillet Controllet Connect of thisportance.
(State or country)	
# 13. NAME Samuel AT he Feure	
4 14. BIRTHPLACE (city or town)	Name of operation
C IS MAINTEN MANT VOS CALL	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Hage Yetown	23. If deeth was due to external couses (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
11 11 11	(Specify city or town, county and State) Specify whether injury occurred in INDUS RY, in HDME, or in PUBLIC PLACE.
17. INFORMANT ING THE TEXT OF THE (Address)	TO THE OFFICE PEACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Place Hage 487 un vuo Date HOTII	19.3.2. Nature of Injury.
19. UNDERTAKER P.K. Cayman	24. Was disease or injury in eny way related to occupetion of deceased to
(Address) Hayeystown III	If so, specify
20. FILED 7 - 19 3 2 1 Kas 4 H	(Signed) (M. D. M. D. Strar. (Address) Language form
	Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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	Example I		Example 11	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	C-E-C-F-18/E-18	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1932	July 5,1927	Peritonitis	3 days ago
	STREET VE			
Other contributory	causes of importance:	wined,	Other contributory causes of importance:	1001
Gallstones		May 1,1923	Gastroenteritis	1 year
			TOTAL TELEVISION OF THE PROPERTY OF THE PROPER	

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

6. 1 7. /

MOTHER FATHER

	STATE C	OF MAR	YLAND-	CERTIFICATE	OF DEA	IH 1,1	520
1. PLACE OF	F DEATH			108		0 4	
County	Washington				Registration (Dist. No. 3	
Village entit		liamspo:	rtn Md	No.		12	Ward
			(1)	death occurred in a hospital or instituti			number)
Length of resi	dence in city or town where	death occurred	L_L_Øsmos	ds. How long in U.S. if of	foreign birth?	yrs	nos ds.
2. FULL NAI		1 G. Le:					
(a) Residen	ce: No. Near W	illiams		St., Ward.		,	
PERSON	IAL AND STATIST	(Usual place		MEDICAL CE		OF DEATH	d State
3. SEX	AL AND STATIST		RIED, WIDOWED,	21. DATE OF DEATH			
male male	white	OR DIVORCE W1001	D (write the word)	21. DATE OF DEATH	April (Month)	5. 1932 (Day)	, 193 (Year)
5a. If married, widow HUSBAND of				22. O ! HEREBY	CERTIE	V That I attended	I deserved from
(or) WIFE of	not know	n		march 28	1912 10 a	heil 5	to 3 2
6 DATE OF BIRTH	(month, day, and year) F e	b. 27,	1857	I last saw him alive on a		5th 1932	: death is sald
7. AGE 75 Yes	ors Months	Toays	If LESS than	to have occurred on the data stated	labove, at 11.	30 mP	
15	-	10	l day,hrs.	The PRINCIPAL CAUSE OF DEATH			
8. Trade, profes	ssion, or particular	Retired			/		Date of onset
	BOOKKEEPER, etc.			Lobar fr	neum	onia	3/28/32
9 tndustry or work was	business in which s done, as SILK MILL,			A A	A	A	
SAW MIL	L, BANK, etced last worked at	. II. Total t	ima (years)	erebral	hemor	thage!	4/5/32
this occupyear)	pation (month and 7 92	5 spa	ima (years) ntin this life upation	-			
	Willi	amsport	Md	Other Cuntributory Causes of impor	tance:		
12. BfRTHPLACE (cit (State or cour				Isih.	a =		3/17/32
E 13. NAME	Samuel Le	ferr.					7.7.7.2.2
13. NAME 14. BIRTHPLACE (State or	(city or town)			Name of operation		Date of	
(State or	country)	3-2-310		What test confirmed diagnosis?			autopsy?
15. MAIDEN NA	ME Ann. W	. Harr		23. If death was due to external caus	ses (VIOLENCE) fil	in also the following	ng:
15. MAIDEN NA	(city or town) Mar	yland		Accident, sulcida, or homicide?		Data of Injury	, 19
≥ (State or	country)			Where did Injury occur?	(Specify city or	town, county and St	
17. INFÖRMANT (Address)	Adam G. Lef Williams		Md	Specify whether injory occurred in	INDUSTRY, In HO	ME, or in PUBLIC P	LACE.
18. BURIAL, CREMAT	TON OR REMOVAL			Manner of injury			
	lliamsport		ri-1 8.19.32	Nature of injury			
19. UNDERTAKER (Address)	Albert Leaf Williamspo		1 , ,	24. Was disease or Injury in any wa	y related to occupa	tion of deceased?	no
20. FILE Afra	67, 1982 lo	6. Pu	ckard.	(Signed) (Address)	report	Joose md	, M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
V UNASUE A			
Other contributory causes of importance:	BRESK L	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE FUN	PURLITER	STATEMENT	101	TITTOTOTICE



V. S. No. 1

1	SIAIL OF MAR.	LAND	CERTIFICATE OF BEATT	O L
-	County Washington	0	Registration Dist. No. 3//	/
	Village or City Maar Sharks	tours h	LOC ND. St.,	Ward
		72 TH	If death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city to where doet occurred	yrs	os/.6_ds. How long in U.S. if of foreign birth?yrsm	0sds.
2	FULL NAME OF THE TOTAL	a vij	Oh Ward	
	(a) Residence://No. (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3.9		RIED, WIDOWED, D (while tha word)	21. DATE OF DEATH (Month) (Day)	, 193 2 (Year)
ia.	If married, widowed, or divorced HUSBAND of (or) WIFE of /2=5=/8	65	22. HEREBY CERTIFY, That I attended	deceased from
6 1	DATE OF BIRTH (month, day, and year)	5 186.	I last saw h am alive on april 49 1933	: death is said
	AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at	
	6766 4 19	l day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
S	8. Trade, profession, or particular kind of work done, as SPINNER, Xabor SAWYER, BDDKKEEPER, etc.	er	Entheron and from	7
PA	9. Industry or business in which		and the second	
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc	lme (years)	- Plane myblandelis	7
5	this occupation (month and spa	ntin this upation		
12.	BIRTHPLACE (city or town) Silly history	tory	Dther Contributory Causes of importance:	
_	(State or country) Washington	Co m	4	
HER	13. NAME (Denifamine) To	very		
FAT	14. BIRTHPLACE (city or bwn)	Bay	Name of operation Date of	
7	15. MAIDEN NAME Many C Hing		What test confirmed diagnosis?	
MOIHER	16. BIRTHPLACE (city or town)	nova	Accident, sulcide, or homicide? Data of injury	
Σ	(State or country) Harmon Ton	mal	Where did injury occur? (Specify city or town, county and Sta	
17.	INFORMANT Man flamme for	affer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, DR REMOVAL	43 7	Mannar of injury	
	Place Date 4	198	Nature of injury	
19.	UNDERTAKER (Address)	mal	24. Was disaase or injury in any way related to occupation of daceased?	
20	FILEO 1932 16 1932 A Tosialo X	1.19/0ac	(Signed) Walley Johnson	M. D

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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1.	1. PLACE OF DEATH				()	4532
		Washing to the Hagerston idence in city or town where	Wn	7	Registration Dist. No. Registration Dist. No. No. Washington County Hospist, a death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2.		ME Charles			St., Ward. If nonresident give city or town and	1 State
-	The second secon	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	T Diate
3. SE		4. COLOR OR RACE White	5. SINGLE, MAR	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 29 (Month) (Day)	, 193 2 . (Yaar)
	f married, widov HUSBAND of (or) WIFE of	wed, or divorced Elizabeth	V. Iync	h	22. april 17, 1932, to april 29,	1932
6. DA		(month, day, and year) JU ars Months	Days 15	If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6:30 A. M.	; death Is said
OCCUPATION	kind of SAWYER Industry or work wa SAW MI O Dato deceas this occu	ession, or particular work done, as SPINNER, t, BDOKKEEPER, etc. business in which is done, as SILK MILL, LL, BANK, etc. sed last worked at pation (month and	nsuranc	e Agent time (years) nt In this	Acute cerebro-spinal meningetio, proumococcus (Lype 11)	april 17
12. B		ity or town) Fulto	n Count		Other Coutributory Causes of Importance: Acute purulent otitis media Boute montoriditis	april 1
ER	13. NAME	rank P. Lyn	ich		Lateral sinus thromboses 2	0-11
FATHER		E (city or town) Fult	cn Coun	ty	Name of operation Date of What test confirmed diagnosis Sumban puncture Was there an	autopsy? 140.
エー	16. BIRTHPLAC	AME Wlizabet E(city or town) Fult r country)		ty	23. If death was due to external causes (VIDLENCE) fill In also the followin Accident, suicide, or homicide? Date of injury Where did injury occur?	g: , 19
	(Address)	Irs. Elizabe McConnellsh TIDN, DR REMDVAL			(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
16. 6		Connelsburg	Papate May	2,,19.32	Manner of injury	
	NDERTAKER (Address)	Fred W. Kr	aiss,	Bocce ob Registrar	24. Was disease or injury in any way related to occupation of deceased?	M. D.
	/	/		Kegistiar.	n (vadiess) A	

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	Example 1		Example 11	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	his	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

. 1	
No.	
803	
>	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	04533
1. PLACE OF DEATH		
county Washington	Registration Dist. No. 3	2
Village or City Secustifu	NoSt.,	Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and	number)
	ds. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NAME O a VEUS 12.	main	
(a) Residence: No. — (Could place of bode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 - 14	>_
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Con HIEF of Comma & Main	22. I HEREBY CERTIFY, That I attended Dac 1931, to april 14	deceased from
6. DATE OF BIRTH (month, day, and year) Que 1894	I last saw have alive on Dec , 1957	✓; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 7-m.	
75 7 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, Profession, or particular kind of work done, as SPINNER,	Hyperthyrodesie	Jyns.
SAWYER, BOOKKEEPER, etc. 7. OVERLAND 9. Industry or business in which work was done, as SILK MILL, Contact of the state o	Mybearditist	- 11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Certain SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and spanne) in the spanne in this occupation (month and spanne) in the spanne in this occupation (month and spanne) in the spanne in the spann	Maocarlieus	J grs.
10. Date deceased last worked at this occupation (month and year)		-
12. BIRTHPLACE (city or town) Was living tow	Other Contributory Causes of importance:	
(State or country)	,	
13. NAME Sales S. Main St. 14. BIRTHPLACE (city or town) Wash:		
14. BIRTHPLACE (city or town) Was Wight	Name of operation Date of	
	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mycyory 16. BIRTHPLACE (city or town) MRMSMourn	23. If death was due to external causes (VIOLENCE) fill in also the following	
State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT ZUNG S. B. Marin	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE,
(Address) Security und	••••••	
18. BURIAL, CREMATION, OR REMOVAL Place A G O NO Torus Date 11 19 3/	Manner of Injury	
6 1	Nature of injury	
19. UNDERTAKER CHARLES (Address)	24. Was disease or injury In any way related to occupation of deceased?	****
14-14- 2	If so, specify (Signed) Cambrill	МР
20. FILED Registrar.	(Address) Hagerstown	md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—CERTIFICATE OF DEATH

10	A	F	1/3	1
U	4	5	(3	1

1. PLACE O	F DEATH			
County	Washing	ton		Registration Dist. No.
			Hagerstow	n No. 12 lincoln tyenue St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	dence in city or town where	death occurred	20 yrs,mos	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NA	ME Susie	May		
(a) Residen	ce: No. 12 Iinc	oln Aver	nue	St., Ward. If nonresident give city or town and State
PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
s.sex Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (quite the word)	21. DATE OF DEATH April 8, (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of		am May		22. Charles EBY CERTIFY, That is attended deceased from
6. DATE OF BIRTH	(month, day, end year)	uly 17,	1887	Hast sawh & alive on april & 1932 death is said
7. AGE Yea 4	rs Months	Days 22	If LESS than 1 day, hrs. or min.	to have occurred on the date stated bove, a 5 : 3 Q 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation				Ocute detalation Gp 8
12. BIRTHPLACE (ci	tyor town). Washin ntry) Id	gton Co	unty	Other Contributory Causes of importance:
13. NAME	John M. St	ottler		
(State or	(city or town) Wash r country) Md	ington	County	Neme ef operation
15. MAIDEN NA	ME Mary E.	Needy		23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary E. Needy 16. BIRTHPLACE (city or town). Washington County (State or country) Md.			County	Accident, suicide, or homicide?
17, INFORMANT (Address)	William Ma Half Way,			Specify whether Injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Apr. // 19.32			Manner of Injury
	Fred W. Kra Hagerstown, (/- ,1932 (Registrar.	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 7 1832			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. &

(Year

IIFLESS the

I day h

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Day)

(If death a hospital or institution, give its NAME is - stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH # /// . 1932
1	
-	(Month) (Day) (Year)
5	4/11 182. 10 4/11 ,1982
2.	that I last saw her alive on 4/1/ , 1923 2
n	and that death occurred on the date stated above, at 600 /7 m.
s.	The CAUSE OF DEATH y was as follows;
.?	Chimic nephritis with unemy + comb
	consilaine
	(Duration Charles Inos ds.
	Contributory
	Secondary
	(ds. vis. inos. ds.
	(Signed) / M. D.
-	4/11 195 - (Address) / 7000 Washingto
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrsmosds. In the Stateyrsmosds,
-	Where was disease contracted, if not at place of death?
	Former or usual residence West Va.
0	19 PLACE OF GURIAL OR REMOVAL DATE OF BURIAL
-	Howard Co. Mall w 13 19 3
9	20 UN DERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, Stationary froman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, Housenwid, etc. If the occupation has been changed Foreman, or At Home, and children, For many occupations a single word or term on Farmi laborer, (b) Colton mill; (a) Salesmon, that fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. not gainfully em-(h) Grocery; material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles disease as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The n .ture of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Nomendature Always qualify all Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

BINDIN

FOR

RESERVED

MARGIN

S. No.

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	cample I		Example II	
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Chronic interstitial nephritis	1 20 a 166	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	it and the second	July 5, 1927	Peritonitis	3 days ago
	Bauting a street			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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BINDIA

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onsei

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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E	xample I		Example II	
The principal cause of dea of importance were as foll	OMYC !	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	rece -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAY 7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1932	July 5,1927	Peritonitis	3 days ago
	BULLAU V.	3.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.—WR

STATE OF MARYLAND-CERTIFICATE OF DEATH

04539

1. PLACE	OF DEATH			(//-@)	
County	Wash:	ingten	60	Registration Dist. No. 3	22
Village or	City Hagerston	wn		No. 315 Ridge Ave, St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of r	esidence in city or town when	re death occurred. 2	(II 20yrsmos	f death occurred in a horpital or institution, give it's NAME instead of street acc ds. How long in U.S. if of foreign birth?yrsyrs	l number) mos ds.
2. FULL N	AME Carr	ie S. Ne	eks		
(a) Resid	lence: No. 315 1	Ridge Av	enuee of abode)	St., Waré.	nd State
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 4, (Month) (Day)	, 193 ² . (Year)
5a. II married, wid HUSBAND of					(Teal)
(or) WIFE of		Carl Lag		March 13 132 to Clar 4	
6. DATE OF BIRT	H (month, day, and year)	oril 9.	1892		2; death is said
	Years Months	Days	If LESS than	to have occurred on the data stated above, at 5.2 00 £m.	
3	39 11	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, pro	ofession, or particular			Browells - Preumania	Date of onset
SAWY	f work dona, as SPINNER, ER, BOOKKEEPER, etc.	Home Wo:	rk		3-20-
9. Industry of work in SAWY	or business in which was done, as SILK MILL, WILL, BANK, etc				
10. Date dece	eased last worked at	11. Total	time (years)	·	
	ccupation (month and	sp.	ent in this cupation		
12. BfRTHPLACE	(eitu es town)			Othar Contributory Cause of importance	
(State or c	ountry)	aryland		ha fugge	
13. NAME	David Meeks	3			
14. BIRTHPLA	ACE (city or town)		-	Name ef operation	-
	or country)	Maryland	1	What test confirmed diagnosis?	
15. MAIDEN	NAME Anna I	KOSS		23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
15. MAIDEN I	CE (city or town)	len-own		Accident, suicida, or homicida? Date of injury	19
∑ (State	or country)	KIIOWII		Where did injury occur?	
17. INFORMANT (Address)	M 44		****	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREM	ATION, OR REMOVAL			Manner of injury	
Placa_H	agerstown, 1	Md . Date Apr	19.32	Natura of injury	
19. UNDERTAKER	Fred W. Kr	raice		24. Was disease or Injury In any way related to occupation of deceased?	tro -
(Address)	**			If so, specify	1)
20 511504-	5-132/	Kasto	Journal	(Signed) Hoeeley Orthography	М. D
ZU. FILED.			Registrar.	(Address) 12/W Claste Still to	BUS TOUR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis - TT 6 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND astrug 62 CERTIFICATE OF DEATH Registration Dist. No. near (If death occurred in a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE (4 COLOR OR RACE 3/SEX TE DATE OF DEATH MARRIED, OL WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? ESERVE B OCCUPATION (a) Trade, profession or SIS 1000 particular kind of work plai nt. (b) General nature of industry business, or establishment in(Duration) ī which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) D W TO 10 NAME OF FATHER JIL 00 1920 2 (Address) 11 BIRTHPLACE OF FATHER *State the I is ase Causing Death, or, in deaths from Violent Csuscs, state (1) Means of Injury and (2) Whether (State or country) 520 Accidental, Suicidal or Homicidal. œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-On. ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or Country) Where was disease contracted. it not at place of dea h?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) DATE OF BURIAL 20 UNDER If more blanks are needed, addre a Ltate Kegistrar, 16 W. Saratoga St., Balyd., Requesting V. S. No. 1.

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsmon, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs ... For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Doy -Coal mine, etc. Wom-Grocery;

Strtement of Cause of Death—Name, first, the DISEAL COUNTY DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on Nomenelature of the "tclanus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state NEANS OF INJULY and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, corbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; or intercurrent) affection need Chronic volvular heart diseose; nephrilis, etc. The contributory Example: Measles (disease not be death

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

04541

County	y con-		Registration Dist.	No. 5	00
Village or City Wirlay	hr	No.		St.,	Ward
Length of rasidence in city or town where deeth occu		If death occurred in a hospital or institu os			
D. 1. 0	mucon	/ www.tong.ii o.o. ii o	n toroign bittii:	J13	JSUS
2. FULL NAME Catargu	. Toczoro				
(a) Residence: No.		St., Ward.			
	sual place of abode)		If nonresident give ci		State
PERSONAL AND STATISTICAL I			ERTIFICATE OF	DEATH	
	LE, MARRIED, WIDOWED,	21. DATE OF DEATH	4 2	26	, 193_2
5a. If married, widowad, or divorced	200		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	V	1 HEREBY	CERTIFY, TH		deceased from
1	29=1875	I last saw huu elive on 4	+ .26.	1932	, 15
5. DATE OF BIRTH (month, day, end year)	Days If LESS then	to have occurred on the date stets	10 (1)	,	; deeth is seid
57 9	1 dey,hrs				
9/	ormin.	ware os follows:	1906-	· ·	Date of onset
8. Treda, profassion, or perticular kind of work done, es SPINNER,		enrouse	11 gra	us	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last workad et this occuration (month and	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	P) · · · · · · · · · · · · · · · · · · ·	f f :	
work was done, as SILK MILL, Cabe	- an	aroung,	myo cod	due	
10. Data daceased last worked et	1. Total time (years)	with the	ellrapa	4	
this occupation (month end	spant in this	1		/	
0 00	7 occupation	Other Contributory Causes of Impo	ortance:		1 17 70
12. BIRTHPLACE (city or town)	mangr	1	A		
(State or country)	me made	Arrensea	croeco	P	
13. NAME Transcur / W	Lyans		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
13. NAME TOUR M	of mano	Name of operation	***************************************	Date of	
(State or country)	mol	What tast confirmed diagnosis?		Was there an e	uranev?
15. MAIDEN NAMESTIME Pages D	munas	23. If death was due to external cau	1.4		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	n mare	Accident, suicide, or homicide?			
16. BIRTHPLACE (city or town) (State or country)	mac	Where did injury occur?	Date of	injury	, 13
Stell- O Man	14		(Specify city or town,	county and State	e)
(Address)	1915	Spacify whether injury occurred In	n INDUSTRY, In HOME, or	IN PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	my 11 Da				
Place Sandles manor Date	4 29 198	Manner of injury			
The Control of the Co	, 13	Neture of injury			
19. UNDERTAKER S. A. Duman	4-60	24. Was disease or injury in any w	ay releted to occupetion of	deceased?	200
(Address) Readily ville	orma	If so, specify	-/	-A	
20. FILED 7756 1934 Eugl	Deveres	(Signed) LOOL C	ychow	ell.	м. г
	Registrar.	(Addrass) Ku	dissaill	e. m	d.
76 black	manded address Same Paris				

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
j .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 64542
1. PLACE OF DEATH	90
County Washington	Registration Dist. No.
Village or City Raguation	No. Beline to St., Ward
Length of residence In city or town where death occurred 4 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Jacob Harlley	
(a) Residence: No. 13 eline Home	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH African Strain Str
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hally	22. I HEREBY CERTIFY, That I attended deceased from 1,1931, to the first of 1,1932
6. DATE OF BIRTH (month, day, and year) aug 10-1835	Hast saw hum alive on Ohil 5 ,1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3P.m.
96 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Similate
9. Industry or business in which work was done, as SILK MILL,	
kind of work done as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Probably arterio-sclerosis Cwle &
12. BIRTHPLACE (city or town) Islumythm	Dther Coutributory Causes of Importance:
(State or country)	
13. NAME Samuel Hally	
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alige Alige State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT PHL. Emry Warden	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) funtation ma	
Place Jakersnill Chickoste April 7 1932	Manner of Injury
44 4 M1 0	Nature of injury
19. UNDERTAKER SCAN THUMBER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
It-1- 31 / Gastla- 000	(Signed) Fracument A. Smilk M.D.
20. FILED Registrar.	(Address) I Capus his, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SURVAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.1512

1. PLACE OF DEATH	0.77
County Washington Dist. No. 3	
Village or City Hagerstown No. Bellevue Home St., (If death occurred in a horpital or institution, give its NAME instead of street a	Ward number)
Length of residence in city or town where death occurred 50 yrsmosds. How long in U.S. if of foreign birth?yrs.	mosds.
2. FULL NAME Noah Pierce	
(a) Residence: No. Bellevue Home St., 5 Ward. (Usual place of abode) If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	4
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH April 27, (Month) (Day)	, 193 2 . (Year)
Fig. 1 If married, widowed, or divorced HUSBAND of Clara Pierce (Deceased) 22. HEREBY CERTIFY, That letters (or) WIFE of 1932, to Oliver 27	
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at 1. Pm.	
1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	15:1:
8 Trade profession or particular	Dute of onset
SAWYER, BOOKKEEPER, etc. LERGIEI	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	4/26
10. Date_daceesed last worked at this occupation (month end spent in this year) occupation	
Other Coutributory Causes of importance:	-
12. BIRTHPLACE (city or town) (State or country) Vic.	willian
13. NAME 9 Pierce	
14. BIRTHPLACE (city or town) Name of operation Date of	of _
(Stete or country) V & . What test confirmed diagnosis? Was there	
15. MAIDEN NAME Unknown 23. If death was due to externel causes (VIOL ENCE) fill in also the follo	wing:
16. BIRTHPLACE (city or town) - Uriknown Date of injury	, 19
(State or country) Where did Injury occur? (Specify city or town, county and	State
17. INFORMANT David Grant, Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address) Hagerstown, Md.	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Menner of injury	
Place alf Way , Ind. Date Apr. 29 , 19-32 Nature of Injury	
19. UNDERTAKER Fred W. Kraiss, 24. Was disease or Injury in any way related to occupation of deceased? (Address) Farerstown, Ad. If so, specify Freduce G. Williams	
20. FILED 4-29-, 1932 Chast Howers (Signed) Jayy in Registrar. (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	land to the state of the state	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY ~ 199	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage, BIBS AU V. 3.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH pluods Registration Dist. No. Jo Village or City (If death occurred in a hospital or astitution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos. _____de. PHYSICIANS __ds. Length of residence in city or town where death occurred statement RECORD. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Daw classified. CT 5a. If married, widowed; or BINDIN HUSBAND of 22. That I attended deceased from (statement of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED of SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back should 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) January occupation _. instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (State or country) Was there an autopsy? L. L.D. What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?_______ Dete of Injury________ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Chould OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE nation Nature of Injury LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

(Year)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PARTAG V.B.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item of infor- should state of OCCUPA.	STATE OF MARYLAND— 1. PLACE OF DEATH County Washington Village as City Williamsport Md	CERTIFICATE OF DEATH Registration Dist. No. 30 No. Asst., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement	Length of residence in city or town where death occurred lifeyrs. mos 2. FULL NAME Mary Elizabeth Preston (a) Residence: No. Williamsport Md (Usual place of abode)	ds. How long In U.S. it of foreign birth?yrsmos ds. St., Ward. If nonresident give city or town and State
0 E 5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REXA	3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WILOWED	21. DATE OF DEATH April 6. 1932 (Month) (Oay) (Year)
BINDING PERMANEATE EXACTL by classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Semuel Preston 6. DATE OF BIRTH (month, day, and year)	22. HEREBY CERTIFY. That I attended deceased from to 1957 to 1957 to 1957; death is said
FOR BI	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at. 11.40. P.M., The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SERVED NK—THIS should be it may be in back of	8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and Feb. 32 11. Total tima (years) life spent in this	Myocarrelites Churus
IN DIN so so uctic	12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
RG Iie	13. NAME Zachariah Reeder	37.
M.A. I. U. sul	14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
t pla 1	15. MAIDEN NAME Margeret Poffenberger	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WITH be carefully EATH in pla	16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
smooth E OF D	17. INFORMANT Henry Preston (Address) 18. BURIAL, CREMATION OF THE PROPERTY	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
B.—WRIT mation CAUSI	19. UNDERTAKER Albert Lenf (Address) Williamsport Ma	Nature of Injury 24. Was disease er injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
y z	20. FILEO 9726.8,, 19.32 10.1 10.1 VOLENTARE, Registrar.	(Address) Williams Dut Mol
2/1/	the note blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastròenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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6. E 7. /

OCCUPATION

MOTHER | FATHER |

17. 18,

20.

	SIA	IE U	F MAR	YLAND-	CERTIFICATE OF DEATH 1/4040)		
1	. PLACE OF DEATH							
	County Washing	gton.		HIMITS OF	Registration Dist. No. 30			
	Village or CityHage		-	5 (11	No. 626 Selevi Ave. St., Ward			
	Length of residence in city or to				ds. How long in U.S. if of foreign birth?yrs,mos	ds.		
2	R. FULL NAME	Wil	liam A.	Reed.	and the second s			
panteur	(a) Residence: No.	626	Salem A (Usual place		St., Ward. If nonresident give city or town and State			
	PERSONAL AND ST		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. 3	Male 4. color or Whi			RIED, WIDOWED, D (write the word) e d	21. DATE OF DEATH 1932 April 22 .192 (Ye)	ar)		
5a.	If married, widowed, or divorced HUSBAND ot (or) WIFE of	ettie	Reed.		22. MAN HEREBY CERTIFY. That I ettended deceased	i trom		
	DATE OF BIRTH (month, day, and y	(2.5 rear)	-1876	6.	Hast saw haline alive on Mr 21 ,19 72 ; death	is said		
7. 1	AGE Years	Months	Days 28	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 5/35 An. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as fortunes:			
TION	8. Frade, profession, or perlicula kind of work done, es SPI SAWYER, BOOKKEEPER, et	NNER,	Retir		Cerebral Semonde of	2/		
OCCUPATION	9. Industry or business in which work wes done, as SILK M SAW MILL, BANK, etc							
00	10. Date deceased lest worked et this occupation (month end yeer)	1922	11. Totel ti span occu	me (years) nt in this pation 5	6.1	Jan 1		
12.	BIRTHPLACE (city or town) (State or country)		Z •		Other Controllery Cames of Importence: with had	7-24		
ER	13. NAME	acks	on Reed	•	Cardia Ne Perterthe			
FATHER	14. BIRTHPLACE (city or town) (State or country)		W Va.		Name of operation. Date of	کده		
~	15. MAIDEN NAME	Mis	ahulda 1	Ноочел	What test confirmed diagnosis?			
MOTHER	16. BIRTHPLACE (city or town) (State or country)		w va.		23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?			
17.	INFORMANT Mrs Ret (Address) Ha		Reed.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18,	BURIAL, CREMATION, OR REMOVA		_Dete_Apr	il 241932.	Manner of Injury			
19.	UNDERTAKERF		W. Krais		24. Wes disease or injury in any wey releted to occupation of deceesed?			
20.	FILED. 4-24-19-3	2-6	hort	Bowel Registrar.	(Address) Nagele Laur, 8 mis	. M. D.		
		If more h	Jambe are meeded .	ddays Care Daying	N. C D			

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

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BURRAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

MARGIN RESERVED

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of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BUNZALU VIII				
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	7112
Gallstones	May 1,1923	Gastroenteritis	1 year



AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	SIAIL OF MARTEAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
	County Cashington	Registration Dist. No.
	Village or City Loug & Woloww	ND. 52 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town whare death occurred 2 Oyis	
	2. FULL NAME Starley 200	Robertson
	(a) Residence: No. 3 24 (16) Norman	/ St., Z Ward.
-	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH B
5	a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of Copy Wife of	22. I HEREBY CERTIFY, That I attended deceased from
	Chi Conson	, 19, to, 19, 19
e e	DATE OF BIRTH (month, day, and year)	I last saw h; death is said
certificate	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
irti	40 / 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trada, profession, or particular kind of work done as SPINNER	Date of other
F	SAWIER, BUDANEEPER, GIG.	14 Gle Cardine
on back	9. Industry or business in which work was done, as SILK MILL, 1/2 & U.S. R. P.	
	ID. Data deceasad last worked at 11. Total time (yaars)	usefficency.
- 1	this occupation (month and 14/32 spant in this 20 930	
instructions		Other Contributory Causes of Importance:
ıcti	2. BIRTHPLACE (city or town) (State or country)	
stri		Mail decumed life of daw hum
		<u> </u>
See	14. BIRTHPLACE (city of town)	Name of operation Date of
_	(State of country)	What lest confirmed diagnosis? Was there an autopsy?
important.	15. MAIDEN NAME & MILY WILLS	23. If death was dua to external causes (VIOLENCE) fill in also the following:
ort	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Dale of injury, 19
du	(State or country)	Where did injury occur?
1 4	7. INFORMANT WWW Mary Robertsow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	(Address) 324 W. Aurand St., 8. BURIAL, CREMATION, OR REMOVAL	
.02	Place / a Can tour, Date 4/20" 1932	Manner of Injury
Z -	riace of the state	Nature of injury
TION	9. UNDERTAKER Coulsater Tous	24. Was disease or injury in any way related to occupation of deceased?
_	(Address) Hagerstown and	If so, specify
2	0, FILED 4/20/ 1932 - 6 has/ Howers	(Signed) M. D.
	Registrar.	(Address) Pela Sun Wd
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset. Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TEDDITECTIVE	OF TROP	T CIT	T CACALLANG	MY TY Y TATABLE A Y M	4/ /	T TT T MANAGETTA

r- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH (4550)
infor- state UPA-	1. PLACE OF DEATH	<u>(31)</u>
M of of of of of	county Washington	Registration Dist. No. 30 2
item of should of OCC	Village or City Tunkstown.	No. R # 40 St., Ware
	Length of residence in city or town where death occurred 15 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs,mosdt
RD. Every YSICIANS statement	B - 12 1	, , , , , , , , , , , , , , , , , , ,
ICI item	2. FULL NAME 11Q4 F. TONYEY	OL Ward
CORD. Every PHYSICIAN ct statemen	(a) Residence: No. + u w K S T 0 w 111 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD. Every PHYSICIANS Exact statement.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TE PT: 1 16
NENT C T L Jiffed.	Mala White Married.	(Month) (Oey) (Year)
IDING MANEN A C T I assifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
BINDIN EXAC y classifi te.	(or) WIFE of Huna Hullyday	/ Sept 2, 1929, to gove 16, 1932
BINJ EX. EX. y cla	6. DATE OF BIRTH (month, day, and yoar) TTG y 2 4 1884	I last saw h alive on Of 1952; doath is sal
FOR B. IS A PE stated E properly certificate	7. AGE Yeers Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
FOR IS A I stated properly certifica	48 OFmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance 4/2/29 were as follows: 10 Oate of onse
7.0	8. Trade, profession, or particular kind of work done, es SPINNER, Real Estate #qr.	corrhan throntons mallaces [1/3] [3]
VE K k k		Chami my radity 1929
ERVI VK-T should it may n back	9. Industry or businoss in which work was done, es SILK MILL, SAW MILL, BANK, etc	
o t E I	10. Date doceased last worked et this occupation (month and year)	Chypic Interstelial keptucker 1931
ARGIN RES	year)	Othor Contributory Causes of Importance:
ADIN Jed. Abd. As, so t	12. BIRTHPLACE (city or town) 12. Y 14. (Stato or country)	Ne. 71 P.O. C. 1 (1.3)
ARGI UNFAI upplied. terms,	E 13. NAME Lewis Rohyer	Tribing the vernany taging agrees
4 5 4 5	14. BIRTHPLACE (city or town) BONYEY'S 21 114	Name of oporation Dete of Detection
	(State or country)	What tost confirmed diegnosis? Wes thoro en autopsy?
X, WITH carefully IH in pla	# 15. MAIDEN NAME Flyna B. Tucker-	23. If doath was due to external causes (VIOL ENCE) fill In else the following:
INLY, WI be carefu EATH in 1	15. MAIOEN NAME Flyna 13. Tucker- 16. BIRTHPLACE (city or town) S baxps buyq	Accidont, suicido, or homicide?, 19,
	(State or country)	Where did Injury occur? (Specify city on town, county and State)
	17. INFORMANT IVS Lau - Nohvey (Addross) Funks Your III d	(Specify city of town, county and State) Specify whether injury occurred in INOUSTAY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Placo Shorps bury III Abate Hp1 18 ,19 32	Neture of injury.
-WRITE mation s CAUSE TION is	19. UNDERTAKER H.K. Collman.	24. Was disease or Injury in any wey rolated to occupation of deceased?
No. 1	(Address) Magerstown Ma	If so, specify
8 7	20. FILED 4-16- , 1932 6 Kast 12 owers	(Signed) (Signed)
734	Registrar. If more blanks are needed, address State Registrar.	(Address) 48 w with H. Hage Me ly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 1000	1915	Altack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
La Middina and a second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		75 T 10 T 1		
	1			

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	STATE OF I	MARYLAND-	CERTIFICATE OF DEATH 04551
1	I. PLACE OF DEATH		(31)
	County Washington Rullilage or City Pinesburg	(near)	Registration Dist. No. U / St. Ward
			death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2	2. FULL NAME Ethel Kretz (a) Residence: No. Same	Jean ROWe	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SIN	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Keller Roy		22. HEREBY CERTIFY, That I attended deceased from
6.		114. 1904	I tast sawher alive on This 5, 19 ; death is sald
	AGE Years Months 28	Days If LESS than I day, hrs. or min,	to have occurred on the date stated above, at P_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
LON	SAWTER, DOUNNELPER, etc.	sework	Curdin Reny Disease Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Cho. My ocorbita Medhots
00	10-Bato deceased last worked at 1921 this occupation (month and year)	11. Total time (year) 1 fe spent in this occupation	
12.	BIRTHPLACE (city or town) Maryland (State or country)		Other Contributory Causes of importance:
ER	13. NAME Milliard Kre	etzer	
FATHER	14. BIRTHPLACE (city or town)		Name of operation
2	15. MAIDEN NAME Lilian Dru	rv	What test confirmed diagnosis? Was there an autopsy?
MOTHER	16 BIRTHPLACE (city or town)	ina.	23. If death was due to external causes (VIOL ENCE) filt in also the following: Accident, suicide, or homicide?
17.	INFORMANT MT KELLER (Address) Williams or	Wend Rag	(Specify city or town, county and Stata) Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION OR REMOVAL Place St. Pauls Cem. Oate	770	Manner of injury
19.	UNOERTAKER WILLIAMSport	Md	24. Was disease er Injury In any way related to occupation of deceesed? If so, specify
20.	FILED PHY 11, 1932 61 60 C	Bickash	(Signed) (Address) (Address) (Address) (Address) (Address)
	If more blanks a	re reeded address State Registrar	2411 N. Charles Street, Baltimored Requesting TU. S. No. 1

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Example I	-	Example II		
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAG V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	. 1 year

V S. No. 1

N. B. Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
	Registration Dist. No. 3 (3)
Village or City Shanktoren (No. M.	aryland : Ward) (If death occurred a hospital or insti
2 FULL NAME Ardella M. Shank	A STATE OF THE BLANK
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Water Straft White Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1-ebruary 25, 1884 (Month) (Day) (Year)	that I last saw h M alive on Christian, 1927.
7 AGE / IfLESS than	
48 yrs. 1 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows
a) Trade, profession or particular kind of work Homemaking	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos. 7
9 BIRTHPLACE (State or country) Marshand	Contributory Secondary
10 NAME OF MOOI	(Signed) (Duration) Tree mos.
FATHER Jacob C. Shank	Mil 7 1962 (Address) Plurshrong 2
OF FATHER (State or country) Maryland	*State the lis ase Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Amelia Davis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place in the of deathyrsmosds. Stateyrsmos
(State or Country) // Orytonov 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Garrett E. Shank	Former or usual residence
(Address) Shanktown, Marylan	Mt. Carmel & vangelisel April 7, 183
15 Filed april 7 182. 1 W. Mundy	20 UNDERTAKER Though Clear Sprin
If more b.anks are needed, addres tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 · yrs). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Civil engincer, Physician, Foreman, or Al Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery.
(b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Actahus) may be stated under the head of "contributory." Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carpolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 7	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDI

FOR

MARGIN RESERVED

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Chronic interstitial nephritis MAY 7 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDIN

FOR

MARGIN RESERVED

V. S. No. 1

1. PLACE

County Village

Length of

PERS

2. FULL I (a) Resi

5a. If merried, w

6. DATE OF BIR 7. AGE

HUSBAND (or) WIFE

8. Trade, p

9. Industry

12. BIRTHPLACE

17. INFORMANT __

(Address)

kind SAW

SAW D. Date de this

year

3. SEX Nale

OCCUPATION

STATE (OF MARYLAND—	CERTIFICATE OF DEATH (455)	}
Wash	in ton	Registration Dist. No. 30 2	
or City Hagerst	ATT-LIMITS OF		and
	را)	No. 111 Clarkson Ave. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)	alu
residence in city or town where	e death occurred $1_{- ext{yrs},}6_{- ext{mos}}$	s. 17 ds. How long in U.S. if of foreign birth?yrsmos	ds.
NAME Howa	rd lee Swith		
dence: No. 111 C	larkson Evenue. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 8, (Day) (Year))
idowed, or divorced of if		22. I HEREBY CERTIFY, That I attended deceased to	
TH (month, day, and year) Years Months	Sept. 22, 1930.	I last saw where alive on 4 - 7 - 19 ; death is to have occurred on the date stated above, et 1:30 A.m.	said
1 6	17 1 day, hrs.		nset
rofession, or particular of work done, as SPINNER, YER, BDOKKEEPER, etc	Infant Child		
or business in which was done, as SILK MILL, MILL, BANK, etc.		Treumom Flax 3/6	·
ceased last worked et occupation (month end	11. Total time (yeers) spent in this occupation	173	
(city or town)	gerstown Nd.	Other Contributory Causes of Importance:	
Grover Smi	th		
ACE (city or town) Hag	erstown	Neme of operation	
e or country)	d.	What test confirmed diagnosis? Was there an autopsy?	
NAME Clara A	lerton	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
T.T.	ac vatava	Assistant suiside or homiside? Date of Injury 10	

Where did injury occur?....

(Address)

(State or FATHER 13. NAME 14. BIRTHPL (Stat MOTHER 15. MAIDEN 16. BIRTHPLACE (city or town) Lagers Lown (State or country)

Grover Smith. Hagerstown.

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER

Registrar.

Manner of injury Nature of injury_____ 24. Wes disease or injury in eny way related to occupetion of deceased?_____ If so, specify. (Signed)

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	1.24
May 1,1923	Gastroentcritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	or- ate	
M	f inf d st	
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AR(UNF pplicaterm	Inst
M	y su lain	See
1	WIE efull in p	ant.
	car TH	port
	id b	MI Y
-	N. B.—WRITE OLY NLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-	ITOIN IS VETY IMPORTANCE. See INSTRUCTIONS ON DACK OF CERTIFICATE.
	ion SE	
0.1	mat	110
V. S. No. 1	. B.	-
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Washington	Poriotection Diet No. 13//
	Registration Dist. No. 0//
Village or City Fraish for Pay, In d.	NoSt.,Wai f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Gara J South	
(a) Residence: No. Fair flag (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX brale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Pay) 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of learny, E. South	22. I HEREBY GERTIFY, Trift rattended deceased from 1931 to Frank 14 1931
5. DATE OF BIRTH (month, day, and year) Off 24 185-2	I last sawhare amon a feel 24, 1932; death is si
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
8-0 - 1 day,hrs.	mere as follows:
8 Trade profession or particular	Talint dead on arrival Date of one
kind of work done, as SPINNER, Flasser SAWYER, BOOKKEEPER, etc. Flasser	mubable Coursamy Obstine-
Work was done, as SILK MILL,	tion
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked et this occupation (month and year) year) 11. Total time (years) spent in this occupation (constitution)	
# 02	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / an frag	
	_
7 . 00 1	
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
	Accident, sulcide, or homicide? Date of injury
16. BIRTHPLACE (city or town) Thun Kataun bud	Where did injury occur?
a set p	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mars La Boyen mas y land	A
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sharf sburg Date Chril 27, 1932	
19. UNDERTAKER D. C. Reichard (Address) Horasses Joseph Ra	24. Was disease or injury in any way related to occupation of deceased?
Alu M (Ba Cariol MB)	(Signed) Municipal 1
20. FILED We have the first of	(Address Williams Sout Mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example LEVE	*	Example II	
The principal cause of death and related causes of importance were as follows: UN 4 1932		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 18 11 - A 31	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Newson State of the Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOLLAU V SI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Chronic interstitial nephritis MAY	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURAT V.S.	July 5,1927	Peritonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04560
1. PLACE OF DEATH	<u></u>
County Mash: naton Village or City Magery Stown	Registration Dist. No. 30 2— No. Wash Co Husp! Yal st., 3 Ward
	death occurred in a hospital or institution, give as NAME instead of street and number) ds. How long in U.S. If of foreign birth?
17 11	
(a) Residence: No. 941 Concord (Usual place of abode)	St., 2 Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from #- f- 192 to 4 14 1932
T 11- 1017	I last saw have elive on 4 4 1952 death is seld
6. DATE OF BIRTH (month, day, and year) UMQ STATE OF BIRTH (month, day, and year) UMQ STATE OF STATE O	to have occurred on the date stated above, et
9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade profession or particular	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (modified and spent in this comparison (modified and spent in thi	Dulete 1826
10. Dete deceased last worked at this occupation (month and o cocupation (month and o cocupation 30 4 k 5.	Other Contributory Causes of importence;
12. BIRTHPLACE (city or town) Dit Shurg (State or country)	
# 13. NAME Henry Durtman	
13. NAME HONVY DUYT MAN 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME = 1:2 a herm (? Kev	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (12 a betty) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT MYS Hunic E Goetz (Address) Haa erstown, md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL Place Tagexs aug Wodate Tar! 16, 1932	Manner of Injury
19. UNDERTAKER A. K. Carlon aud (Address) Hatter Stown md	24. Wes disease or injury in any wey related to occupetion of deceased? If so, specify
20. FILED 4 75 - , 193 2 Chast 1 sweet	(Signed) M. D. (Address) Action My

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUE				
Other contributory causes of importance:	Estimate .	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V - V - V . S.	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MA	RYI AND-	CERTIFICATE	OF DEATH
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4		ju-	6	1)
1 2	14	1	20	1
1	T	11	17	Sugl

	1. PLACE O	F DEATH			****		, 1000
N	County	Washin	oton			Registration Dist. No.	02
1		ity Hage	OUBLAN	KTB"LIMITS" n		No. 229 W. Franklin st,	5 Ward
1	Village of C	11.11.28.C	.L.S.C.D.W.	44		death occurred in a hospital or institution, give its NAME instead of street and	d number)
	Length of resi	idence in city or t	lown where de	eath occurred	yrs1 Omos	. 9 ds. How long in U.S. if of foreign birth?	mosds.
	2. FULL NA	ME Ri	chard	Lee Th	omas		
					in Stree	t St., 5 Ward.	nd State
proba.c				CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3.	SEX Male	White			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 3, (Month) (Day)	, 193 2 (Year)
5a	. If married, widow HUSBAND of	red, or divorced					(Idal)
	(or) WIFE of					22. Ohall BEREBY SERTIFY, That lattende	d deceased from
			1.5	ay 25,	1931	Hast saw have alive on April 3 193	2 , 19 0 6
-	AGE Yea		year) July Months		If LESS than	11031 3011 13000 11100	; death Is said
	AGE 100	7		Days 9	1 day, hrs.	to have occurred on the date stated above, et 8.3.4 0 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	1 0 7 1			7	ormin.	were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant Child				t Child		
OCCUPATION	9 Industry or	BOOKKEEPER, e business In which	h		0 011114	Man Attac	mach
UP	Work wa	s done, es SILK M L, BANK, etc	AILL,			0,00-0,000	31
S	10. Date deceas	ed lest worked a pation (month an	t	11. Total t	ime (years) nt in this		· /
		pation (month an		ocsi	pation	0.00	
12	. BIRTHPLACE (ci	ty or town) H	agers	town		Other Contributory Causes of importance:	
	(State or cou		Md.			Heart farlure	apr. 3
ER	13. NAME V	Valter '	Thoma	S			
FATHER	14. BIRTHPLACE	(city or town)	Shen	andoah		Neme of operation Oate of	
F		country)	V			What test confirmed diagnosis? Was there an	
ER	15. MAIOEN NA	ME The	lma H	ughes		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16 RIRTHPI ACE	(city or town)				Accident, suicide, or homicide? Date of injury	
×		country)		Md.		Where did injury occur?	
17	, INFORMANT	Walte	r Thom	mas,		(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC P	PLACE.
18	(Address) BURIAL, CREMAT	Hager	SLOWN	, 1.d.			
				Dete Anr.	5, 19.32	Manner of Injury	
-					, 10-13-3	Traction of injury	٠
19	. UNDERTAKER	Fred	rstow	raiss,		24. Wes disease or injury in any way related to occupation of deceased?	100
-	(Audress)	5)	A Paul	2	If so, specify	1
20	FILED.	, 193.	100	18017	Posta	(Signed) HOATALTON NA	JM. 0.
-					Registrar.	(Address) Dody COP CO W 12	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis MAY 7 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940 (4563
county Washington	Registration Dist. No. 303
Village or City Hager Stown	No. Alestern Pike St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?rrsmosds,
2. FULL NAME Margaret Ellen Tru	mhouses!
(a) Residence: No. Vestern Pike	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corriect the word)	21. DATE OF DEATH April 13 , 1982 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin Trumpower	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 17, 1859	I last saw h ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 1/2 - Q.m.
72 10 26 1 day, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Kimi Toland
kind of work done, as SPINNER, Houselseefeer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Mugua Vectora pro13,
work was done, as SILK MILL, SAW MILL, BANK, etc.	1932.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) sport in this occupation	<u></u>
12. BIRTHPLACE (city or town) Perma: (State or country)	Other Coutributory Causes of importance;
13. NAME Damel Hawbecker 14. BIRTHPLACE (city or town). Perma	\
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Francis Vatterson 16. BIRTHPLACE (city or town) Perma	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT Calvin Irrunfrower (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Johnsch Centery	Manner of injury
Place Broadfording Dunkar Bate apr. 16, 1932	Nature of injury
19. UNDERTAKER Allean Frank (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED FINISH, 1932 Down M. Jally. Registrar.	(Sign(d) M. O. (Address) Hayry tan U.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Bussey			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	4564
1	. PLACE OF DEATH	1-		(183)	0.0
	County Maskens	lon ((183) Registration Dist. No.	02
	Village or City				
			(If	death occurred in a hospital or institution, give its NAME instead of street	and number)
	Length of rasidence In city or town whera da	th occurrad	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2	. FULL NAME	uris	V		
	(a) Residence: No.			St., Ward.	
		(Usual place		If nonresident give city or town	
	PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	H
1	may white		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH (Month) (Oay)	, 193(Year)
5a.	If merried, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY. That latte	nded deceased from
	(or) WIFE of		· · · · · · · · · · · · · · · · · · ·		
6	DATE OF BIRTH (month, dey, end year)			I last saw h alive on 19_	
-	AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, etm.	
	able 40	-	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance	
_	8. Trade, profession, or perticular		01	ware estations:	Oate of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Townson a	
AT	9. Industry or business in which				
CUE	work was done, es SILK MILL, SAW MILL, BANK, etc				
00	10. Date deceased last worked et this occupation (month end	11. Total t	ime (yaars) nt in this		
_	year)		upetion	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town)				
	(State or country)			•	
FATHER	13. NAME				
ATH	14. BIRTHPLACE (city or town)			Name of oparation Date	of
-	(State or country)			Whet tast confirmed diegnosis? Was there	en autopsy?
MOTHER	15. MAIDEN NAME			23. If death was due to axternal causas (VIOLENCE) fill in also the foll	owing:
110	16. BIRTHPLACE (city or town)			Accident, suicida, or homicida?	
X	(State or country)			Where did injury occur?	***************************************
17.	INFORMANT(Addrass)			(Specify city or town, county an Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLI	3 State) C PLACE.
18.	BURIAL, CREMATION, OR REMOVAL			Mannar of Injury	
	Place Corred How	Oete 4/	29 ,1953	Netura of injury	
	His hard Ch (Dan a	al	24. Wes disease or injury in any way related to occupation of daceased	
19.	UNDERTAKÉR (Addrass)	- m	d,	If so, spacify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 days ago
BURZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

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Ţ	1	ø	1	1
4	-		-	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	45.05
1. PLACE OF DEATH		· II-fr	(4565
County Packing to		4	Registration Dist. No. 39	5
Village for City Saw Ma	on Hours	No		Wa
Length of residence In city or town where death of		f death occurred in a hospital or institut s	tion, give its NAME instead of street foreign birth?yrs	
2. FULL NAME Lawra	2 Valante	THE.		
(a) Residence: No.	<u> </u>	St. Ward.		
	(Usual place of abode)	ou,	If nonresident give city or town	and State
PERSONAL AND STATISTICAL	- PARTICULARS	MEDICAL CI	ERTIFICATE OF DEAT	Н
Formale 4. COLOR OR BACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (Swrite tha word)	21. DATE OF DEATH	4 3 (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	1	1	, , , , , , , , , , , , , , , , , , , ,	1. 1.
(or) WIFE of	elle	March 30	CERTIFY, That Lattan	ded dacaased fro
6. DATE OF BIRTH (month, day, and year)	1. 0. 23-104	last saw h	buill 2	2 death is se
7. AGE Years Months	Oays If LESS than	to have occurred on the date state	An . 0	r , ueatii 13 30
77 3 1	I day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	'H and related causas of Importance	
8. Trada, profession, or particular	A - 4 8	were as ronows.		Oate of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	one.	0 6	Y A	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10 Data deceased last worked at		da In	me.	3 4
SAW MILL, BANK, etc	II. Total time (years)	-	/	
this occupation (month and year)	spent In this			
mary	and	Other Coutributory Causes of Impo	rtance:	
12. BIRTHPLACE (city or town) (Stata or country) Washin	otor		-0	
13. NAME EOU', D Walk	utiner.	otol o	90	
13. NAME TO W D Value 14. BIRTHPLACE (city or town) Mary	and	Name of operation	0010	
(State or country) Frecher	ring	What test confirmed diagnosis?	Oate	
15. MAIDEN NAME ROSAMANA 16. BIRTHPLACE (city or town)	Finfrock		ses (VIOLENCE) fill in also tha follo	
16. BIRTHPLACE (city or town) mary le	and		Oate of Injury	
(State or country)	gloss	Whera did injury occur?		
17. INFORMANT Urilla Cast	7	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Address) Boowbora	hid			
18. BURIAL, CREMATION, OR REMOVAL	4=6 .31	Manner of injury		
Place Dat	4=6,1931	Nature of injury		
19. UNDERTAKER A KANAGO WILL	er mos	24. Was disease or Injury In any wa	ay related to occupation of deceased?	
20. FILED 2018 4 1932 Well	liand Back Registrar.	(Signed) (Address) 3	vevan	Jud M.
If more blanks.	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Req	questing V. S. No. 1.	1

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BURRAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. em (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS How long in U.S. if of foreign birth? Langth of residence in city or town where death occurred statement RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified 5a. If merried, widowed, or divorced HUSBAND of BINDIN 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) I last saw h certificate. properly 7. AGE Yaars If LESS than to have occurred on the dete stated hove, et. Months Days stated FOR 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were es follows: Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, RESERVED be Jo SAWYER, BOOKKEEPER, etc..... pluods back . Industry or business in which may work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ... instructions Other Contributory Causes of importance SO MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town in plain (State or country) carefully What test confirmed diegnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT .. plnods OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury 00 AUSE _Date_. Place. TION Neture of injury 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKER C (Address If so, specify (Signed) Z Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Yeer)

: death is said

Date of onset

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Example I	distribution of the state of th	Example II	
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Chronic in erstitial heighrites 1939	1921	Run over by street car	1 week ago
Cerebral henorrhage BURGAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATES	MENTS BY	PHYSICIAN
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PHYSI-	
properly classifled of certificate.	
ACE chould be that it may be ictions on back	
ully supplied. plain terms sont. See instru	
 BEvery item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI- CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 	
. BEvery CIAN state	

(b) General nature of industry business, or establishment in

which employed or (employer)

(State or country)

(State or country)

(State or country)

10 NAME OF

FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

9 BIRTHPLACE

RENT

4

	(:4568
PLACE OF DEATH	STATE OF MARYLAND
County Washington Co.	© CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No. 30 Z
Village or City Hagerstown (No. 303 N. Loc 2FULL NAME Weagle	Cust St. St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Not Not Service Wildows Service Wildows Service Wildows Service Wildows Service Wildows Service Wildows Service Service Wildows Service Service Wildows Servic	16 DATE OF DEATH , 19/32
6 DATE OF BIRTH April 3 , 1932	17 I HEREBY CERTIFY, That I attended the deceased from April 19232 April 19232
(Month) (Day) (Year)	that I last saw halive on
	and that death occurred on the date stated above, at 4:00Pm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or None	Stillborn 3 mos gestation

None

Md .

Hagerstown.

Samuel Wilbur Weagley

Frederick Co.Md.

Mabel Ruth Prvor

Frederick Co. Md.

..... 192..... 4:00Pm (Duration)yrs... Contributory Secondary (Signed) (Address) Hagerstown *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death .. Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Hagerstown

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomolive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Exhaustion," "Heart "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, televius) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of carpolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic valvular heart etc. The contributory " Shock," Meastes; disease; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the resulticate is permanently filed.

STATE OF	MARYLAND	-CERTIFICATE	OF DEATH
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04569

1. PLACE OF DEATH	94-8
County Nashinaton	Registration Dist. No. 36 2
Village or City XXX Q V S Y o w y	864 110 000 000 000 7
vinage of city 100 / 24 5 1 0 00 /	No. Oth V 111 the St. Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME TYONK Lecker W?	let.
(a) Residence: No. 861 VPrainia Pre	St. 2 Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH HOY! 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Example 14 m.	22. I HEREBY CERTIFY, That I attended deceased from
	7-9-1,1952, to 4-9-1952
6. DATE OF BIRTH (month, day, and year) Sept 100 1904.	I last saw bein dive on 4 9 , 1974; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
27 6 29 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done as SPINNER TT	
kind of work done, as SPINNER. kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done as SII K MN N	Corney occlusion
9. Industry or business in which work was done, as SILK MILL. Crory's Restauras	
11 Total time (veera)	that duy upon my
this accupation (ment) and spent in this 44 Kg	aring.
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) L D Q Y S Y S Y (State or country)	
E LOKL.Ch.	
14. BIRTHPLACE (city or town) L. Mus Town (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CAYY'S TT PICYCE 16. BIRTHPLACE (city or town) Fairview	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT LOUGA - YVY 11 et (Address) Hagers Pour, M. (A.	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place HUMUYEN FU Data 17 pr. 1 12, 1937	Nature of Injury
19 UNDERTAKER A.K. Coxx may	24. Was disease or injury In any way related to occupation of deceased?
(Address) Haary Stown, Ma.	If so, specify
20. FILED. 4-9- 1932 Breas However	(Signed) M. D.
Registrar.	(Address) Lagerion and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	5,6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosís	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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RURPAU V.S.			
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